



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS **ONLY** TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☒ Donation

Other

Explain: Contingent Trust Transfer for in-stream flow benefit and
to mitigate new out-of-stream uses per approval of water apps
S4-29956 and S4-31083.

- ☐ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE:

END DATE:

FOR OFFICE USE ONLY <i>CHelan</i>	
FILE No. <i>CS4-09550C05</i>	WRIA <i>47</i>
DATE ACCEPTED <i>12-24-2013</i>	BY <i>[Signature]</i>
FEE \$ <i>0</i>	REC'D <i>11/27/2013</i>
CHECK No. <i>6</i>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Bear Mountain Water District	PHONE NO.	FAX NO. ()
ADDRESS P.O. Box 3091		
CITY Chelan	STATE WA	ZIP CODE 98816

CONTACT NAME (IF DIFFERENT FROM ABOVE) Marc Marquis, Peterson & Marquis Law Office	PHONE NO. (509) 679-0337	FAX NO. ()
ADDRESS 1227 First Street		
CITY Wenatchee	STATE WA	ZIP CODE 98801

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER SWC 9550	RECORDED NAME(S) Bear Mountain Water District
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

<i>CS4-09550C03 (CHL-1301) closed 09-06-2013</i>	
FOR OFFICE USE ONLY	
WATER RIGHT NO. _____	FILE (contract) NO. _____
<i>CS4-09550C05</i>	

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): NA	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Chelan		SE	SW	8	27N	22E	272208705125	
		NW	NW	16	27N	22E	272216220050	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal (pending CHEL 13-03 Due 12/1)	0.274cfs	92.7af	Continuous

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Trust transfer for in-stream benefit and to mitigate new out-of-stream uses	92.7af

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The service area of the 2005 Lakeview Utilities Company Water System Plan as amended in 2006, so long as the water right holder is and remains in compliance with the criteria of RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right. If the criteria of RCW 90.03.386(2) are not met and a Water System Plan/Small Water System Management Program was approved after September 9, 2003, then the place of use of the water right reverts back to the service area described in that document.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7,8,16 and 17	27N	22E	Chelan	Multiple	

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
LAKE CHELAN WHICH IS TRIBUTARY TO CHELAN AND COLUMBIA RIVERS

7. Remarks and Other Relevant Information:

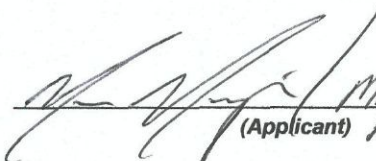
Proposed trust transfer is intended to serve as a component of a transfer
for in-stream benefit and to mitigate new out of stream uses. Transfer is contingent upon
approval of new water applications S4-29956 and S4-31083.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 MARC MARQUIS 11/25/2013
 (Applicant) ATTY FOR BMLWA (Date)

 (Water Right Holder) (Date)

 (Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____